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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/590.777 Conf. No.: 1156 Application Number TRANSMITTAL January 4, 2007 Filing Date For FY 2009 Hiroyuki ASANUMA First Named Inventor J. SCHULTZ **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1633 Art Unit TOTAL AMOUNT OF PAYMENT 180.00 2114-0116PUS1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 220 100 140 70 Design 110 50 220 330 170 85 Plant 165 110 650 Reissue 330 165 540 270 325 Provisional 220 110 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 26 52 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 220 110 390 195 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) 0.00 Fee (\$) 0 HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) 0.00 -3 or HP = n HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets 0.00 / 50 = 0 (round up to a whole number) x 100 = Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement 180.00 SUBMITTED BY Registration No. 32181 Telephone 703-205-8000 Signature (Attorney/Agent) Date March 4, 2010 Name (Print/Type) Marc S. Weiner

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.